

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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The Person Summary file summarizes utilization and expenditure data (1) in total by type of service and (2) in total by payer. Note that there are two sets of payment/expenditure variables, such as SAMTTOT and PAMTTOT. The series of variables beginning with S are payments during periods covered by interviews. Those beginning with P are payments during periods covered by interviews plus estimated payments for periods not covered by interviews, if any. There is one record for each person in the sample.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,697			LOW-HIGH BASEID Count
PAMTDU	13	10	MONYFMT				N Adj. sum for dental events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTHH	23	10	MONYFMT				N Adj. sum for home health agency events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTHP	33	10	MONYFMT				N Adj. sum for hospice events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTIP	43	10	MONYFMT				N Adj. sum for inpatient events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTIU	53	10	MONYFMT				N Adj. sum for institutional events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTMP	63	10	MONYFMT				N Adj. sum for medical provider events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTOP	73	10	MONYFMT				N Adj. sum for outpatient events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTPM	83	10	MONYFMT				N Adj. sum for prescribed medicine events
				12,697			Amount as \$\$\$\$\$\$.CC
PAMTFA	93	10	MONYFMT				N Adj. sum for facility events
				12,697			Amount as \$\$\$\$\$\$.CC
DUAEVENTS	103	4	EVNTNUM				N Adj. number of dental events
				12,697			0-9999 Survey-reported event
HHAEVENTS	107	4	EVNTNUM				N Adj. number of home health agency events
				12,697			0-9999 Survey-reported event
HPAEVENTS	111	4	EVNTNUM				N Adj. number of hospice events
				12,697			0-9999 Survey-reported event

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IPAEVNTS	115	4	EVNTNUM	12,697			N Adj. number of inpatient events 0-9999 Survey-reported event
IUAEVNTS	119	4	EVNTNUM	12,697			N Adj. number of institutional events 0-9999 Survey-reported event
MPAEVNTS	123	4	EVNTNUM	12,697			N Adj. number of medical provider events 0-9999 Survey-reported event
OPAEVNTS	127	4	EVNTNUM	12,697			N Adj. number of outpatient events 0-9999 Survey-reported event
PMAEVNTS	131	4	EVNTNUM	12,697			N Adj. number of prescribed medicine event 0-9999 Survey-reported event
FAAEVNTS	135	4	EVNTNUM	12,697			N Adj. number of facility events 0-9999 Survey-reported event
PAMTTOT	139	10	MONYFMT	12,697			N Adj. sum: total payments, all sources Amount as \$\$\$\$\$\$.CC
PAMTCAID	149	10	MONYFMT	12,697			N Adj. sum: Medicaid payments Amount as \$\$\$\$\$\$.CC
PAMTCARE	159	10	MONYFMT	12,697			N Adj. sum: Medicare payments Amount as \$\$\$\$\$\$.CC
PAMTDISC	169	10	MONYFMT	12,697			N Adj. sum: uncollected liability Amount as \$\$\$\$\$\$.CC
PAMTHMOM	179	10	MONYFMT	12,697			N Adj. sum: Medicare HMO payments Amount as \$\$\$\$\$\$.CC
PAMTHMOP	189	10	MONYFMT	12,697			N Adj. sum: private HMO payments Amount as \$\$\$\$\$\$.CC
PAMTOOP	199	10	MONYFMT	12,697			N Adj. sum: out-of-pocket payments Amount as \$\$\$\$\$\$.CC
PAMTOTH	209	10	MONYFMT	12,697			N Adj. sum: other payments Amount as \$\$\$\$\$\$.CC
PAMTPRVE	219	10	MONYFMT	12,697			N Adj. sum: empl.-sponsored ins. payments Amount as \$\$\$\$\$\$.CC

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PAMTPRVI	229	10	MONYFMT	12,697			N Adj. sum: indiv-purch inspayments Amount as \$\$\$\$\$\$.CC
PAMTPRVU	239	10	MONYFMT	12,697			N Adj. sum: unknown priv ins payments Amount as \$\$\$\$\$\$.CC
PAMTVA	249	10	MONYFMT	12,697			N Adj. sum: VA payments Amount as \$\$\$\$\$\$.CC
PEVENTS	259	4	EVNTNUM	12,697			N Adj. count of events 0-9999 Survey-reported event
SAMTTOT	263	10	MONYFMT	12,697			N Unadj. sum: total payments, all sources Amount as \$\$\$\$\$\$.CC
SAMTCAID	273	10	MONYFMT	12,697			N Unadj. sum: Medicaid payments Amount as \$\$\$\$\$\$.CC
SAMTCARE	283	10	MONYFMT	12,697			N Unadj. sum: Medicare payments Amount as \$\$\$\$\$\$.CC
SAMTDISC	293	10	MONYFMT	12,697			N Unadj. sum: uncollected liability Amount as \$\$\$\$\$\$.CC
SAMTHMOM	303	10	MONYFMT	12,697			N Unadj. sum: Medicare HMO payments Amount as \$\$\$\$\$\$.CC
SAMTHMOP	313	10	MONYFMT	12,697			N Unadj. sum: private HMO payments Amount as \$\$\$\$\$\$.CC
SAMTOOP	323	10	MONYFMT	12,697			N Unadj. sum: out-of-pocket payments Amount as \$\$\$\$\$\$.CC
SAMTOTH	333	10	MONYFMT	12,697			N Unadj. sum: other payments Amount as \$\$\$\$\$\$.CC
SAMTPRVE	343	10	MONYFMT	12,697			N Unadj. sum: empl.-sponsored ins payments Amount as \$\$\$\$\$\$.CC
SAMTPRVI	353	10	MONYFMT	12,697			N Unadj. sum: indiv-purch ins. payments Amount as \$\$\$\$\$\$.CC
SAMTPRVU	363	10	MONYFMT	12,697			N Unadj. sum: unknown priv ins. payments Amount as \$\$\$\$\$\$.CC

02/04/05  
Cost & Use  
2002

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Person Summary

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
SAMTVA	373	10	MONYFMT	12,697			N Unadj. sum: VA payments Amount as \$\$\$\$\$\$.CC
SEVENTS	383	4	EVNTNUM	12,697			N Unadj. count of events 0-9999 Survey-reported event